CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

01/30/2012

(month, day, year)

Date Signed _

PRACTICES COMMISSION COVER PAGE

TERRY A. HANSEN, Clerk

JAMES DESMIT

A PUBLIC DOCUMENT 12 MAR -5 AM 11:09 Deputy Clerk Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) , R VASQUEZ JR. **ANDREW** 1. Office, Agency, or Court Agency Name YUBA COUNTY SUPERVISOR Division, Board, Department, District, if applicable Your Position **DISTRICT 1** SUPERVISOR ▶ If filing for multiple positions, list below or on an attachment. Agency: SEE ATTACHMENT Position: 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of YUBA Multi-County _____ ☐ City of _____ Other . 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/____ Annual: The period covered is January 1, 2011, through (Check one) December 31, 2011. O The period covered is January 1, 2011, through the date of The period covered is leaving office. December 31, 2013 O The period covered is ____/____, through Assuming Office: Date assumed ____ the date of leaving office. Candidate: Election Year ___ Office sought, if different than Part 1: _____ 4. Schedule Summary ► Total number of pages including this cover page: -Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached ■ None - No reportable interests on any schedule nerein and in any attached schedules is true and complete. If acknowledge this is a I certify under penalty of perjury under the laws of the State of California that

Signatur

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

VASQUEZ JR. ANDREW R

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
ANDY VASQUEZ & ASSOCIATES	
Name 1923 PYRAMID CREEK DR MARYSVILLE CA 95901	Name
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY EQUIPMENT REPAIR	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
☐ \$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box:
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 11	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:___

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
VASQUEZ JR. ANDREW R	

▶ 1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
HQ AIR FORCE SERVICES AGENCY	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
10100 Reunion Pl Ste 725 San Antonio TX 78216	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
PRE SCHOOL	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
TEACHERS AIDE	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \ \$1,001 - \$10,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR MANIOUS MACOUSTINES	CONSIDERATION FOR MANICULANCE MAN DESCRIPTION
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Describe)	Other(Describe)
	1
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD
* You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of a
	lender's regular course of business on terms available to
	itus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	3:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	«
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	□ Book Brooks
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
<u> </u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000 	
OVER \$100,000	Other
	— (Describe)
Comments:	

ATTATCHMENT #4

Yuba County Board of Supervisors Committees requiring Form 700

Area 4 on aging
BI-County Substance Abuse
First 5 Yuba Commission
Peach Tree Health Care Board
Sutter Yuba Mental Health
Y-S Economic Development Corp.
Yuba Sutter Transit Authority